

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. 091891534
APPLICANT(S)

FILING DATE

CLAIMS

| AS FILED | AFTER | | AFTER | |
|--------------|---------------|---------------|---------------|---------------|
| | 1st AMENDMENT | 2nd AMENDMENT | 1st AMENDMENT | 2nd AMENDMENT |
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| TOTAL IND. | | | 4 | |
| TOTAL DEP. | | | 46 | |
| TOTAL CLAIMS | | | 50 | |

| IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 51 | 7 | | | | |
| 52 | 7 | | | | |
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| 54 | 7 | | | | |
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| TOTAL IND. | 4 | | | | |
| TOTAL DEP. | 46 | | | | |
| TOTAL CLAIMS | 50 | | | | |